

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/1717441 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	/					
3		/				
4	/					
5		/				
6	/					
7		/				
8		/				
9		/				
10		Cancel				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		Ccancel				
24						
25						
26						
27		/=				
28	/	=				
29		/=				
30		2				
31		2				
32		2				
33		Ccancel				
34		/				
35		/				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		Ccancel				
44						
45						
46						
47						
48		/=				
49		/-				
50		/-				
TOTAL IND.	9					
TOTAL DEP.	89					
TOTAL CLAIMS	8					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		8				
66		Ccancel				
67		8				
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
75		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82		/				
83		/				
84		/				
85		/				
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS